



APPLICATION
Certificate of Registration
TAKING PROTECTED WILDLIFE FROM A VEHICLE

Attention: False, inaccurate, or misleading information on this application is a **criminal offense** and **violation** of Utah Code Title 23 Chapter 19 Section 5

Rule R657-12, under Obtaining Authorization to Hunt from a Vehicle "allows" or "states":

- (1) A person may receive a certificate of registration to take wildlife from a vehicle who is paraplegic, or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or who has lost either or both lower extremities.
- (2) (a) Applicants for the certificate of registration must provide evidence as provided in Subsections R657-12-3(3)(a), (b), or (d).
(b) Certificates of registration may be renewed annually.
- (3) Wildlife may be taken from a vehicle under the following conditions:
 - (a) Only those persons with a valid hunting license or permit and a certificate of registration in possession allowing them to hunt from a vehicle may discharge a firearm or bow from, within, or upon any motorized terrestrial vehicle;
 - (b) Shooting from a vehicle on or across any established roadway is prohibited;
 - (c)
 - (i) Firearms must be carried in an unloaded condition, and a round may not be placed in the firearm until the act of firing begins; and
 - (ii) Arrows must remain in the quiver until the act of shooting begins; and
 - (d) Certificate of registration holders must be accompanied by, and hunt with, a person who is physically capable of assisting the certificate of registration holder in recovering wildlife.
- (4) Certificate holders must comply with all other laws and rules pertaining to hunting wildlife including State, Federal, and Local laws regulating or restricting the use of motorized vehicles.

☐ **As the applicant I have read and understand the requirements for obtaining this Certificate of Registration.**

Certificate of Registration is issued upon approval of application, and applicant's purchase of the required license/permit/tag.

**I HEREBY APPLY FOR A CERTIFICATE OF REGISTRATION IN ACCORDANCE WITH THE ABOVE
STIPULATIONS**

Customer Identification # _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Gender _____ Weight _____ Height _____ Eye Color _____ Hair Color _____

I hereby certify under oath that the above information is true and correct, that I am eligible to obtain this Certification of Registration in accordance with the stipulations of Rule R657-12, under **Obtaining Authorization to Hunt from a Vehicle**.

Signature of Applicant _____ Date _____

PHYSICIAN'S STATEMENT
(Must be completed and signed by physician)

I hereby certify the above named applicant meets the criteria of a paraplegic or otherwise permanently disabled so as to be permanently confined to a wheelchair or the use of crutches, or having lost either or both lower extremities._

1. The applicant is paraplegic?: Yes No

2. The applicant's physical impairment is permanent?: Yes No

**3. This physical impairment permanently confines the applicant to the use of crutches,
or a wheelchair?:** Yes No

"Crutches" means a staff or support designed to fit under or attach to each arm, including a walker, which improve a person's mobility that is otherwise severely restricted by a permanent physical injury or disability.

4. This applicant has permanently lost either or both lower extremities?: Yes No

"Loss of either or both lower extremities" means the permanent loss of use or the physical loss of one or both legs or a part of either or both legs which severely impedes a person's mobility.

Please explain how the impairment satisfies the state requirement found on page 1 of this application: (attach additional pages as necessary)

Dr. Office Use Only:

Physician Signature _____ Date _____

Professional Title _____

Physician Name (print) _____ Telephone Number _____

Affix Office Stamp Here: _____ Address _____

City _____ State _____ Zip _____

Division Use Only:

Applicant meets the qualifications for this COR Y N ☒ **Need more information**

Region _____ **Date:** _____ **Clerk Initials:** _____

NOTES: _____

For more information or additional consideration please contact: Kenneth Johnson (801) 538-4839

Fax to: (801) 538-4858

Mail originals to: Attention Licensing

1594 West North Temple Suite 2110

Salt Lake City UT, 84114

***You must provide the original documentation prior to being issued a C.O.R. You may bring this to any division office.**